

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

☐Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2008

through

02

29

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Paul Kilgore

Signature of Treasurer

Electronically Filed by Paul Kilgore

Date

08

05

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		218710.98
(b) Cash on Hand at Beginning of Reporting Period	196990.66	
(c) Total Receipts (from Line 19)	18173.42	18173.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	215164.08	236884.40
7. Total Disbursements (from Line 31)	167071.41	188791.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48092.67	48092.67
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M M D D Y Y W Y
0 2 0 1 2 0 0 8

To:

M M D D Y Y W Y
0 2 2 9 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	1000.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	16500.00	16500.00
(c) Other Political Committees (such as PACs)	17500.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	673.42	673.42
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18173.42	18173.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18173.42	18173.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	114571.41	123791.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	114571.41	123791.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	60000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	5000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	167071.41	188791.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	167071.41	188791.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17500.00	17500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17500.00	17500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	114571.41	123791.73
37. Offsets to Operating Expenditures (from Line 15, page 3)	673.42	673.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	113897.99	123118.31

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Altria Group PAC

Mailing Address 101 Constitution Ave NW
Suite 400City State Zip Code
Washington DC 20001-2133FEC ID number of contributing
federal political committee.

C C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C677

Amount of Each Receipt this Period

5000.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Nuclear Engery Institute PAC

Mailing Address 1776 I St NW
4th FloorCity State Zip Code
Washington DC 20006-3710FEC ID number of contributing
federal political committee.

C C00239848

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C680

Amount of Each Receipt this Period

1500.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Pricewaterhouse Coopers PAC

Mailing Address 1301 K St NW Ste 800
Suite 800 WestCity State Zip Code
Washington DC 20005-3317FEC ID number of contributing
federal political committee.

C C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C675

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

11500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 35

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Wal-Mart Stores, Inc. PAC

Mailing Address 575 7th St NW

City

Washington

State

DC

Zip Code

20004-1607

FEC ID number of contributing
federal political committee.

C C00093054

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 8

Transaction ID: 80218.C683

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

16500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 35

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Stefan Passantino

Mailing Address 3907 Upland Way

City

Marietta

State

GA

Zip Code

30066-3057

FEC ID number of contributing
federal political committee.

C

Name of Employer
McKenna, Long, & Aldridge

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 8

Transaction ID: 80218.C682

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 35

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Dean Andal for Congress

Mailing Address 7450 Shoreline Dr

City

Stockton

State

CA

Zip Code

95219-5454

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.40

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C678

Amount of Each Receipt this Period

362.40

Offsets to Operating Expe-
nditu

NOTE: Airfare Reimbursement

B.

Full Name (Last, First, Middle Initial)

Lamborn for Congress

Mailing Address 5170 N Union Blvd

City

Colorado Springs

State

CO

Zip Code

80918-2045

FEC ID number of contributing
federal political committee.

C

C00420745

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

169.90

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: 80218.C676

Amount of Each Receipt this Period

169.90

Offsets to Operating Expe-
nditu

Note: Airfare Reimburseme-
nt

SUBTOTAL of Receipts This Page (optional)

532.30

TOTAL This Period (last page this line number only)

532.30

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC Shipping Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1257

Date of Disbursement

/ /

Amount of Each Disbursement this Period

54.17

PAC SHIPPING EXPENSE

B.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC Shipping Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1264

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.61

PAC SHIPPING EXPENSE

C.

Full Name (Last, First, Middle Initial)
UPS

Mailing Address PO Box 72470244

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement
PAC Shipping Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.32

PAC SHIPPING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

98.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement
Credit Card Charges: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

194.67

**CREDIT CARD CHARGES: SEE
BELOW**

B.

Full Name (Last, First, Middle Initial)
Johnnys Half Shell

Mailing Address 400 N Capitol St NW

City Washington State DC Zip Code 20001-1511

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

83.85

**[MEMO ITEM]
MEMO: PAC MEETING EXPENSE**

C.

Full Name (Last, First, Middle Initial)
Occidental Grill

Mailing Address 1475 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-1046

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

81.85

**[MEMO ITEM]
MEMO: PAC MEETING EXPENSE**

SUBTOTAL of Disbursements This Page (optional)

194.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement
Credit Card Charges: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1232

Date of Disbursement

/ /

Amount of Each Disbursement this Period

254.64

CREDIT CARD CHARGES: SEE BELOW

B.

Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E Sky Harbor Blvd

City Phoenix State AZ Zip Code 85034-3802

Purpose of Disbursement
PAC Credit Voucher

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1240

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-2444.70

[MEMO ITEM]

MEMO: PAC CREDIT VOUCHER

C.

Full Name (Last, First, Middle Initial)
SCI*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement
PAC Postage

Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1243

Date of Disbursement

/ /

Amount of Each Disbursement this Period

63.96

[MEMO ITEM]

MEMO: PAC POSTAGE

SUBTOTAL of Disbursements This Page (optional)

254.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
United Airlines

Mailing Address 1200 E Algonquin Rd

City State Zip Code
Arlington Heights IL 60005-4712

Purpose of Disbursement
PAC Airfare Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.00

[MEMO ITEM]

MEMO: PAC AIRFARE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Boston Coach

Mailing Address 37 Waverly St

City State Zip Code
Framingham MA 01702-7127

Purpose of Disbursement
PAC Transportation Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

267.88

[MEMO ITEM]

MEMO: PAC TRANSPORTATION
EXPENSE

C.

Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 50 Massachusetts Ave NE

City State Zip Code
Washington DC 20002-4214

Purpose of Disbursement
PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1244

Date of Disbursement

/ /

Amount of Each Disbursement this Period

169.00

[MEMO ITEM]

MEMO: PAC TRAVEL EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
PAC Credit Voucher

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1239

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-849.41

[MEMO ITEM]

MEMO: PAC CREDIT VOUCHER

B.

Full Name (Last, First, Middle Initial)
Churchill Coffee Company

Mailing Address 4253 Enterprise

City Rogersville State MO Zip Code 65742-7244

Purpose of Disbursement
PAC Event Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1245

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1699.54

[MEMO ITEM]

MEMO: PAC EVENT EXPENSE

C.

Full Name (Last, First, Middle Initial)
Hilton Hotels

Mailing Address 921 SW 6th Ave

City Portland State OR Zip Code 97204-1202

Purpose of Disbursement
PAC Lodging Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

235.88

[MEMO ITEM]

MEMO: PAC LODGING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Jonathan Club

Mailing Address 545 S Figueroa St

City Los Angeles State CA Zip Code 90071-1704

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1235

Date of Disbursement

/ /

Amount of Each Disbursement this Period

230.86

[MEMO ITEM]

MEMO: PAC MEETING EXPENSE

B.

Full Name (Last, First, Middle Initial)
The Ritz Carlton

Mailing Address 181 Peachtree St

City Atlanta State GA Zip Code 30303-1744

Purpose of Disbursement
PAC Lodging Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1242

Date of Disbursement

/ /

Amount of Each Disbursement this Period

249.00

[MEMO ITEM]

MEMO: PAC LODGING EXPENSE

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement
Credit Card Charges: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1246

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4153.17

CREDIT CARD CHARGES: SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

4153.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Washington Post

Mailing Address 1150 15th St NW

City Washington State DC Zip Code 20071-0001

Purpose of Disbursement
PAC Subscription

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1250

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

30.46

[MEMO ITEM]

MEMO: PAC SUBSCRIPTION

B.

Full Name (Last, First, Middle Initial)

United Airlines

Mailing Address 1200 E Algonquin Rd

City Arlington Heights State IL Zip Code 60005-4712

Purpose of Disbursement
PAC Credit Voucher

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1247

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

-805.39

[MEMO ITEM]

MEMO: PAC CREDIT VOUCHER

C.

Full Name (Last, First, Middle Initial)

Continental Airlines

Mailing Address 1600 Smith St

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement
PAC Airfare

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1255

Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

765.00

[MEMO ITEM]

MEMO: PAC AIRFARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Greenbrier Hotel

Mailing Address 300 W Main St

City State Zip Code
White Sulphur Spri WV 24986-2414

Purpose of Disbursement
PAC Lodging Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1256

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

MEMO: PAC LODGING EXPENSE

B.

Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address 4255 Amon Carter Blvd # 2400

City State Zip Code
Fort Worth TX 76155-2603

Purpose of Disbursement
PAC Airfare Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1252

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2421.00

[MEMO ITEM]

MEMO: PAC AIRFARE EXPENSE

C.

Full Name (Last, First, Middle Initial)
Nashville Wraps LLC

Mailing Address 242 Molly Walton Dr

City State Zip Code
Hendersonville TN 37075-2154

Purpose of Disbursement
PAC Event Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1254

Date of Disbursement

/ /

Amount of Each Disbursement this Period

244.80

[MEMO ITEM]

MEMO: PAC EVENT SUPPLIES

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Delta Airlines

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354-1989

Purpose of Disbursement
PAC Airfare Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1248

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2008

Amount of Each Disbursement this Period

937.80

[MEMO ITEM]

MEMO: PAC AIRFARE EXPENSE

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement
See Below: No Itemization Necessary

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1294

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2008

Amount of Each Disbursement this Period

101.82

SEE BELOW: NO ITEMIZATION
NECESSARY

C.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement
Credit Card Charges: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1296

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2008

Amount of Each Disbursement this Period

4475.74

CREDIT CARD CHARGES: SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

4577.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 2135 E Independence St

City Springfield State MO Zip Code 65804-3749

Purpose of Disbursement
PAC Office Supplies

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

205.57

[MEMO ITEM]

MEMO: PAC OFFICE SUPPLIES

B.

Full Name (Last, First, Middle Initial)
SCI*Stamps.com

Mailing Address 12959 Coral Tree Pl

City Los Angeles State CA Zip Code 90066-7020

Purpose of Disbursement
PAC Postage

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1304

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.98

[MEMO ITEM]

MEMO: PAC POSTAGE

C.

Full Name (Last, First, Middle Initial)
Sonoma

Mailing Address 223 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33.00

[MEMO ITEM]

MEMO: PAC MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address 50 Massachusetts Ave NE

City Washington State DC Zip Code 20002-4214

Purpose of Disbursement
PAC Travel Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1300

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

108.00

[MEMO ITEM]

MEMO: PAC TRAVEL EXPENSE

B.

Full Name (Last, First, Middle Initial)

Hyatt Hotels

Mailing Address 2800 Ocean Gtwy

City Cambridge State MD Zip Code 21613-3400

Purpose of Disbursement
PAC Event Catering

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1298

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

2957.70

[MEMO ITEM]

MEMO: PAC EVENT CATERING

C.

Full Name (Last, First, Middle Initial)

Four Seasons Hotels

Mailing Address 98 San Jacinto Blvd

City Austin State TX Zip Code 78701-4052

Purpose of Disbursement
PAC Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1303

Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

235.75

[MEMO ITEM]

MEMO: PAC LODGING

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 35

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
The Skirvin Hilton

Mailing Address 1 Park Ave

City Oklahoma City State OK Zip Code 73102-9003

Purpose of Disbursement
PAC Lodging

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1302

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.85

[MEMO ITEM]

MEMO: PAC LODGING

B.

Full Name (Last, First, Middle Initial)
Visa

Mailing Address PO Box 77042

City Madison State WI Zip Code 53707-1042

Purpose of Disbursement
Credit Card Charges: See Below

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1289

Date of Disbursement

/ /

Amount of Each Disbursement this Period

710.42

CREDIT CARD CHARGES: SEE
BELOW

C.

Full Name (Last, First, Middle Initial)
Bullfeathers Restaurant

Mailing Address 120 7th St NE

City Washington State DC Zip Code 20002-6024

Purpose of Disbursement
PAC Meeting Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

97.33

[MEMO ITEM]

MEMO: PAC MEETING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

710.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Greenbrier Hotel

Mailing Address 300 W Main St

City State Zip Code
White Sulphur Spri WV 24986-2414

Purpose of Disbursement
PAC Lodging Expense

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80319.E1290

Date of Disbursement

/ /

Amount of Each Disbursement this Period

384.46

[MEMO ITEM]

MEMO: PAC LODGING EXPENSE

B.

Full Name (Last, First, Middle Initial)
McKenna Long & Aldridge

Mailing Address 303 Peachtree St NE
Suite 5300

City State Zip Code
Atlanta GA 30308-3265

Purpose of Disbursement
PAC Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1262

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13000.00

PAC LEGAL SERVICES

C.

Full Name (Last, First, Middle Initial)
Thompson Communications

Mailing Address P.O. Box 5

City State Zip Code
Marshfield MO 65706-0005

Purpose of Disbursement
PAC Staffing Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 80218.E1226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13496.90

PAC STAFFING SERVICES

SUBTOTAL of Disbursements This Page (optional)

26496.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
PAC Staffing Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

33621.33

PAC STAFING SERVICES

B.

Full Name (Last, First, Middle Initial)
Thompson Communications

Mailing Address P.O. Box 5

City Marshfield State MO Zip Code 65706-0005

Purpose of Disbursement
PAC Staffing Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1308

Date of Disbursement

/ /

Amount of Each Disbursement this Period

13496.00

PAC STAFFING SERVICES

C.

Full Name (Last, First, Middle Initial)
Raspberry Falls Golf & Hunt Club

Mailing Address 41601 Raspberry Dr

City Leesburg State VA Zip Code 20176-6271

Purpose of Disbursement
PAC Event Facility Deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1890.00

PAC EVENT FACILITY DEPOSIT

SUBTOTAL of Disbursements This Page (optional)

49007.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Aristotle International	Transaction ID: 80218.E1260 Date of Disbursement																				
Mailing Address 205 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	8		2	0	0	8												
City Washington State DC Zip Code 20003-1164	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC Software Candidate Name	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type PAC SOFTWARE																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: 80319.E1306 Date of Disbursement																				
Mailing Address PO Box 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	8												
City Springfield State MO Zip Code 65805-0100	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for PAC Travel Candidate Name	<table border="1"> <tr> <td>387.40</td> </tr> </table>	387.40																			
387.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type REIMBURSEMENT FOR PAC TRA- VEL																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Friends of Roy Blunt	Transaction ID: 80319.E1307 Date of Disbursement																				
Mailing Address PO Box 50100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	0	8												
City Springfield State MO Zip Code 65805-0100	Amount of Each Disbursement this Period																				
Purpose of Disbursement Reimbursement for PAC Lodging Candidate Name	<table border="1"> <tr> <td>21.50</td> </tr> </table>	21.50																			
21.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type REIMBURSEMENT FOR PAC LOD- GING																				
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

1908.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Ms. Michelle Hawks	Transaction ID: 80218.E1228 Date of Disbursement																				
Mailing Address 11 S Montague St # 6	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	8												
City Arlington State VA Zip Code 22204-1007 Purpose of Disbursement Reimbursement for Mileage Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2</td><td>4</td><td>1</td><td>5</td><td>3</td> </tr> </table>	2	4	1	5	3															
2	4	1	5	3																	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	REIMBURSEMENT FOR MILEAGE																				
B. Full Name (Last, First, Middle Initial) Keri Ann Hayes	Transaction ID: 80218.E1268 Date of Disbursement																				
Mailing Address 202 11th St NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	0	8												
City Washington State DC Zip Code 20002-6218 Purpose of Disbursement PAC Travel Expenses Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5</td><td>8</td><td>0</td><td>0</td> </tr> </table>	5	8	0	0																
5	8	0	0																		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAC TRAVEL EXPENSES																				
C. Full Name (Last, First, Middle Initial) Professional Data Services, Inc.	Transaction ID: 80218.E1265 Date of Disbursement																				
Mailing Address 337 S Milledge Ave Ste 101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	5		2	0	0	8												
City Athens State GA Zip Code 30605-1083 Purpose of Disbursement Compliance Consulting Candidate Name	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1</td><td>5</td><td>0</td><td>0</td> </tr> </table>	1	5	0	0																
1	5	0	0																		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	COMPLIANCE CONSULTING																				

SUBTOTAL of Disbursements This Page (optional)

1799.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

The Sanctuary at Kiawah Island

Mailing Address 1 Sanctuary Beach Dr

City State Zip Code
Johns Island SC 29455-5434

Purpose of Disbursement
PAC Event Facility Deposit

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1258

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22270.00

PAC EVENT FACILITY DEPOSIT

B.

Full Name (Last, First, Middle Initial)

Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City State Zip Code
Washington DC 20003-1107

Purpose of Disbursement
PAC Phones & Utilities

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1263

Date of Disbursement

/ /

Amount of Each Disbursement this Period

608.53

PAC PHONES & UTILITIES

C.

Full Name (Last, First, Middle Initial)

Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City State Zip Code
Washington DC 20003-1107

Purpose of Disbursement
PAC Telephones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80218.E1259

Date of Disbursement

/ /

Amount of Each Disbursement this Period

115.77

PAC TELEPHONES

SUBTOTAL of Disbursements This Page (optional)

22994.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1107

Purpose of Disbursement
PAC Office Rent & Phones

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1288

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2177.80

PAC OFFICE RENT & PHONES

SUBTOTAL of Disbursements This Page (optional)

2177.80

TOTAL This Period (last page this line number only)

114373.32

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
 Continental Airlines

Mailing Address 1600 Smith St

City Houston State TX Zip Code 77002-7362

Purpose of Disbursement
 IN-KIND: AIRFARE SEE VISA 2-28-08

Candidate Name
 MICHAEL MCCAUL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 80220.E1277

Date of Disbursement

/ /

Amount of Each Disbursement this Period

950.00

[MEMO ITEM]

MEMO: IN-KIND: AIRFARE SEE
 VISA 2-28-08

B.

Full Name (Last, First, Middle Initial)
 Walberg for Congress

Mailing Address 6769 Teachout Rd

City Tipton State MI Zip Code 49287-9807

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 TIMOTHY L WALBERG

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: 80319.E1287

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
 Schmidt for Congress

Mailing Address 771 Wards Corner Rd

City Loveland State OH Zip Code 45140-9049

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 JEANNETTE H SCHMIDT

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 02

Transaction ID: 80319.E1283

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Amtrak Mailing Address 50 Massachusetts Ave NE	Transaction ID: 80220.E1280 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20002-4214 Purpose of Disbursement IN-KIND: TRAVEL SEE VISA 2-28-08 Candidate Name MICHAEL N CASTLE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District: 01	Amount of Each Disbursement this Period <div>169.00</div> [MEMO ITEM] MEMO: IN-KIND: TRAVEL SEE VISA 2-28-08
B. Full Name (Last, First, Middle Initial) Delta Airlines Mailing Address 1030 Delta Blvd City Atlanta State GA Zip Code 30354-1989 Purpose of Disbursement IN-KIND: AIRFARE SEE VISA 2-28-08 Candidate Name MARY C FALLIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 05	Transaction ID: 80220.E1275 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>937.80</div> [MEMO ITEM] MEMO: IN-KIND: AIRFARE SEE VISA 2-28-08
C. Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress Mailing Address PO Box 11519 City Charleston State WV Zip Code 25339-1519 Purpose of Disbursement CONTRIBUTION Candidate Name SHELLEY MOORE CAPITO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 02	Transaction ID: 80319.E1285 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>5000.00</div> CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
 Lincoln Diaz Balart for Congress

Mailing Address 95 Merrick Way Ste 250

City State Zip Code
 Coral Gables FL 33134-5314

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 LINCOLN DIAZ-BALART

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 21

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 80319.E1282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
 Mario Diaz Balart for Congress

Mailing Address 95 Merrick Way Ste 250

City State Zip Code
 Coral Gables FL 33134-5314

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 MARIO DIAZ-BALART

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 80319.E1281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
 Tim Bee for Congress

Mailing Address PO Box 31985

City State Zip Code
 Tucson AZ 85751-1985

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 TIMOTHY BEE

Office Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 08

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
 Type

Transaction ID: 80218.E1273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)
 Four Seasons Hotels

Mailing Address 98 San Jacinto Blvd

City Austin State TX Zip Code 78701-4052

Purpose of Disbursement
 IN-KIND: LODGING SEE VISA 2-28-08

Candidate Name
 MICHAEL MCCAUL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 80220.E1279

Date of Disbursement

/ /

Amount of Each Disbursement this Period

322.00

[MEMO ITEM]

MEMO: IN-KIND: LODGING
 SEE VISA 2-28-08

B.

Full Name (Last, First, Middle Initial)
 Brett Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 STEVEN BRETT GUTHRIE

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: 80319.E1309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
 Duncan D. Hunter for Congress

Mailing Address PO Box 3917

City La Mesa State CA Zip Code 91944-3917

Purpose of Disbursement
 CONTRIBUTION

Candidate Name
 DUNCAN D HUNTER

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

Transaction ID: 80319.E1284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Jim Oberweis for Congress	Transaction ID: 80218.E1272 Date of Disbursement
Mailing Address 335 N River St Ste 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Batavia State IL Zip Code 60510-2391	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name JAMES D OBERWEIS	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special Pri Debt Ret	CONTRIBUTION
B. Full Name (Last, First, Middle Initial) Jim Oberweis for Congress	Transaction ID: 80218.E1274 Date of Disbursement
Mailing Address 335 N River St Ste 203	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Batavia State IL Zip Code 60510-2391	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name JAMES D OBERWEIS	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General	CONTRIBUTION
C. Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: 80218.E1271 Date of Disbursement
Mailing Address 1155 21st St NW Ste 330	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 8 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036-3308	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	<div>5000.00</div>
Candidate Name AARON SCHOCK	<div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

The Skirvin Hilton

Mailing Address 1 Park Ave

City
Oklahoma City

State
OK

Zip Code
73102-9003

Purpose of Disbursement
IN-KIND: LODGING SEE VISA 2-28-08

Candidate Name
JOHN SULLIVAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: 80220.E1276

Date of Disbursement

/ /

Amount of Each Disbursement this Period

203.85

[MEMO ITEM]

MEMO: IN-KIND: LODGING
SEE VISA 2-28-08

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

47500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A.

Full Name (Last, First, Middle Initial)

Illinois Republican Party

Mailing Address 205 W Randolph St Ste 1245

City
Chicago

State
IL

Zip Code
60606-1815

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 80319.E1310

Date of Disbursement

^M ^M / ^D ^D / ^Y ^Y ^Y ^Y

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

Form/Schedule: **F3XA**

Transaction ID:

The negative entries on Line 21(b) are credits on our credit card. No check was issued from the vendor. All related transactions were memos therefore our cash on hand was not affected and they should appear on that line. The memo entries on Line 23 were expenses made via our credit card that were in-kinds to federal candidates. For that reason, they need to be on Line 23. They all refer back to the original payment that is itemized on Line 21(b).
